

REPORT TO THE BEHAVIORAL HEALTH OVERSIGHT COMMISSION

August 12, 2005

NEBRASKA HEALTH AND HUMAN
SERVICES SYSTEM

NEBRASKA HEALTH AND HUMAN SERVICES SYSTEM



AGENDA

1. BEHAVIORAL HEALTH SYSTEM PERFORMANCE

- **EPC Admissions**
- **Inpatient Services**
- **Community Services**

2. TRANSITIONAL CONTRACTS

3. REGION 6 INTERIM PLAN

4. RENTAL ASSISTANCE PROGRAM

5. REGIONAL CENTER DISCHARGE FOLLOW-UP PROJECT

6. MEDICAID

BEHAVIORAL HEALTH SYSTEM PERFORMANCE

- **EPC Admissions**

EPC Admissions by Region FY02, FY03, FY04, FY05

Region	FY02	FY03	FY04	FY05
Region 1	269	221	*231	** 245
Region 2	169	155	153	154
Region 3	543	550	520	510
Region 4	646	496	496	451
Region 5	744	834	798	850
Region 6	559	457	403	452
Total	2930	2713	2601	2662

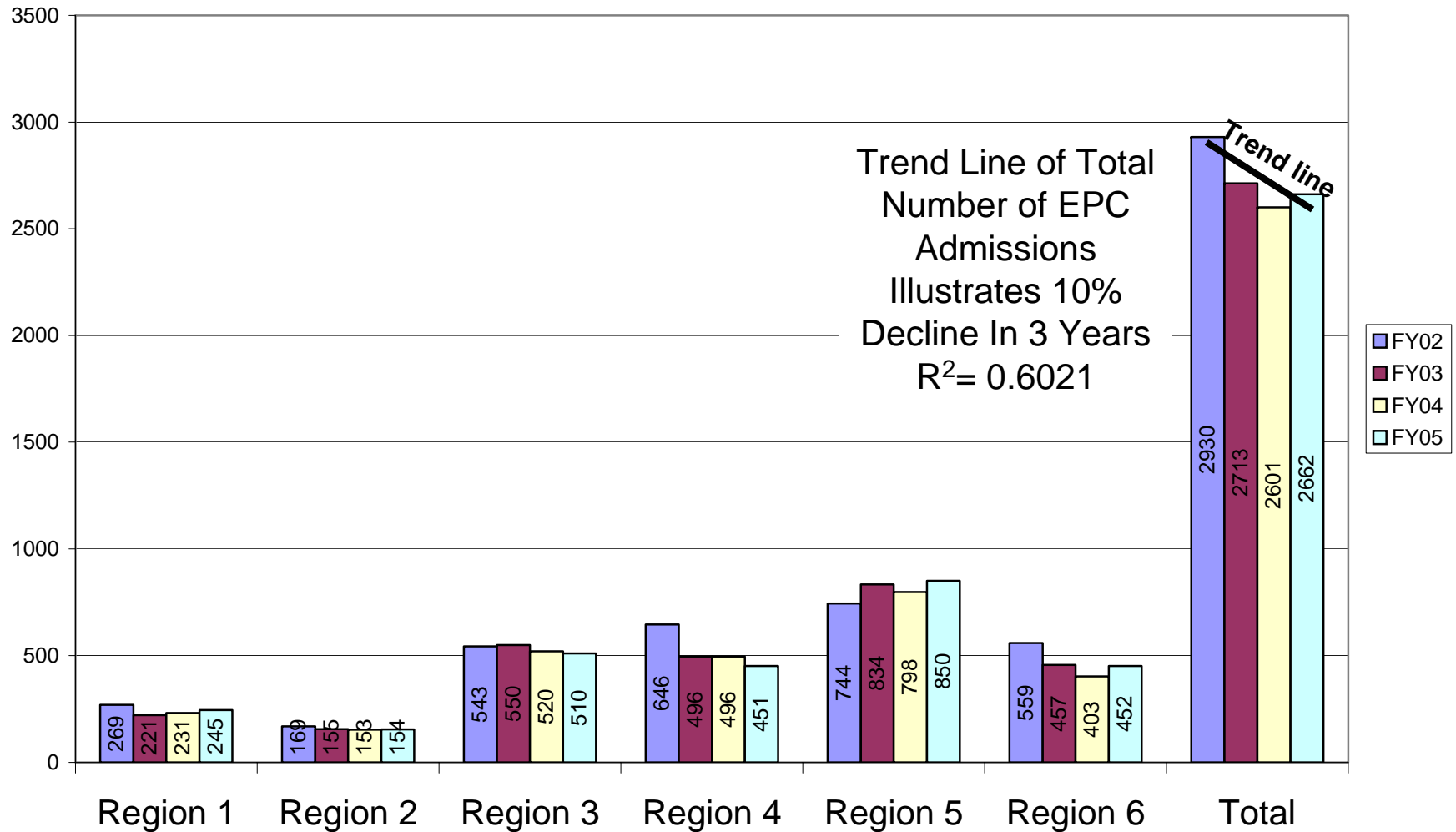
Data Source: Regional Administration and Magellan Behavioral Health

FY05 Data Run Date: July 26, 2005

* FY 04 Amended by Region 1 to reflect full year data.

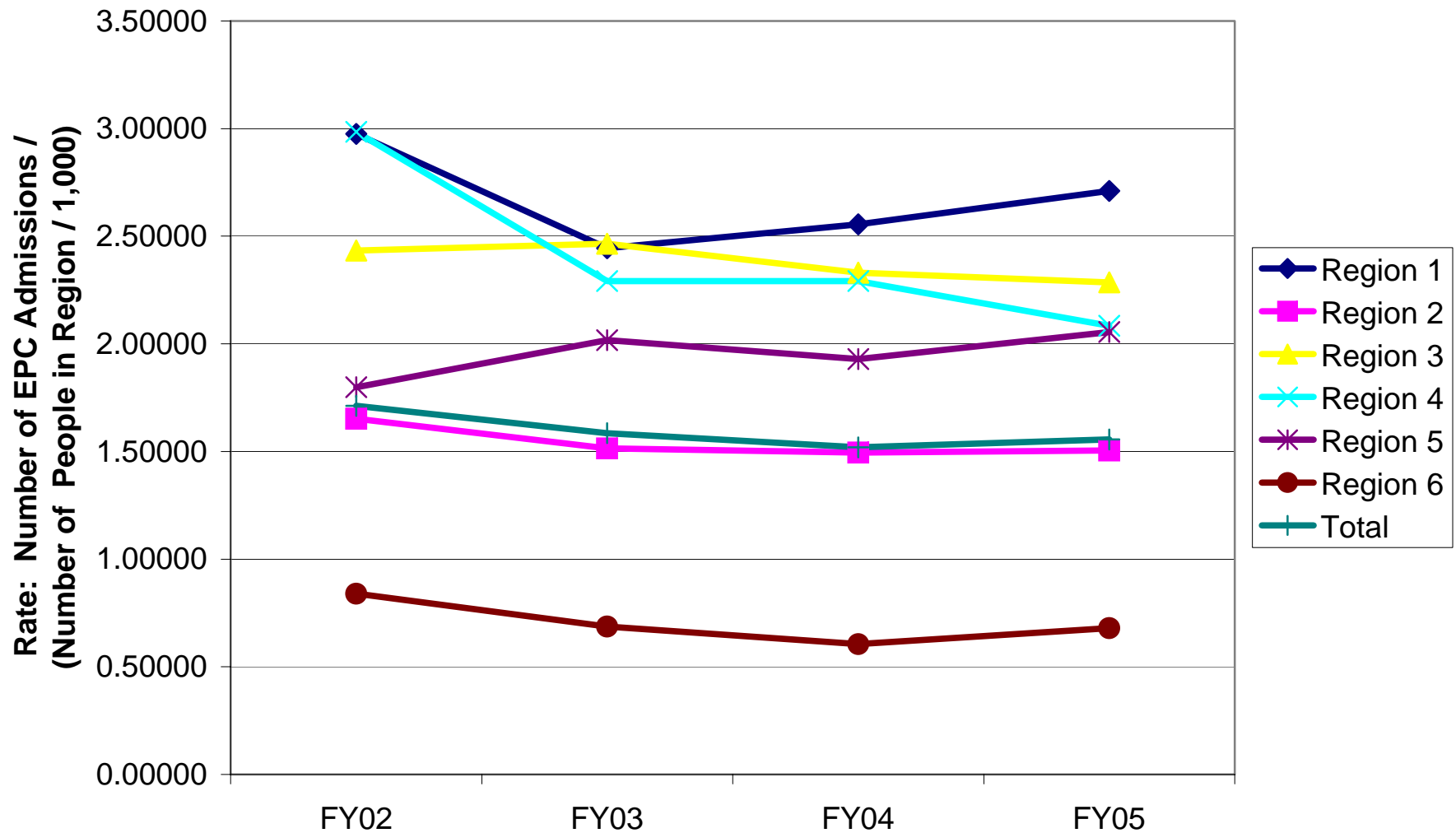
** FY 05 Amended by Region 1 - Double data entry of admissions being corrected

EPC Admissions by Region



EPC Admissions Per 1,000 People in Region

Population Determined by Official Census 2000



INPATIENT SERVICES REGIONAL CENTER DATA

- MHB Commitments – RC “Reform” Units by Fiscal Year
- MHB Commitments –RC “Reform” Units by Month
- Wait Lists – RC
- Admissions / Census – “Reform” Units
- Discharge Living Arrangements – “Reform” Units

Mental Health Board Commitment Admissions to Behavioral Health Reform Units* by Region

Excludes Adolescent, Forensic and Sex Offender Units

FY02, FY03, FY04, FY05

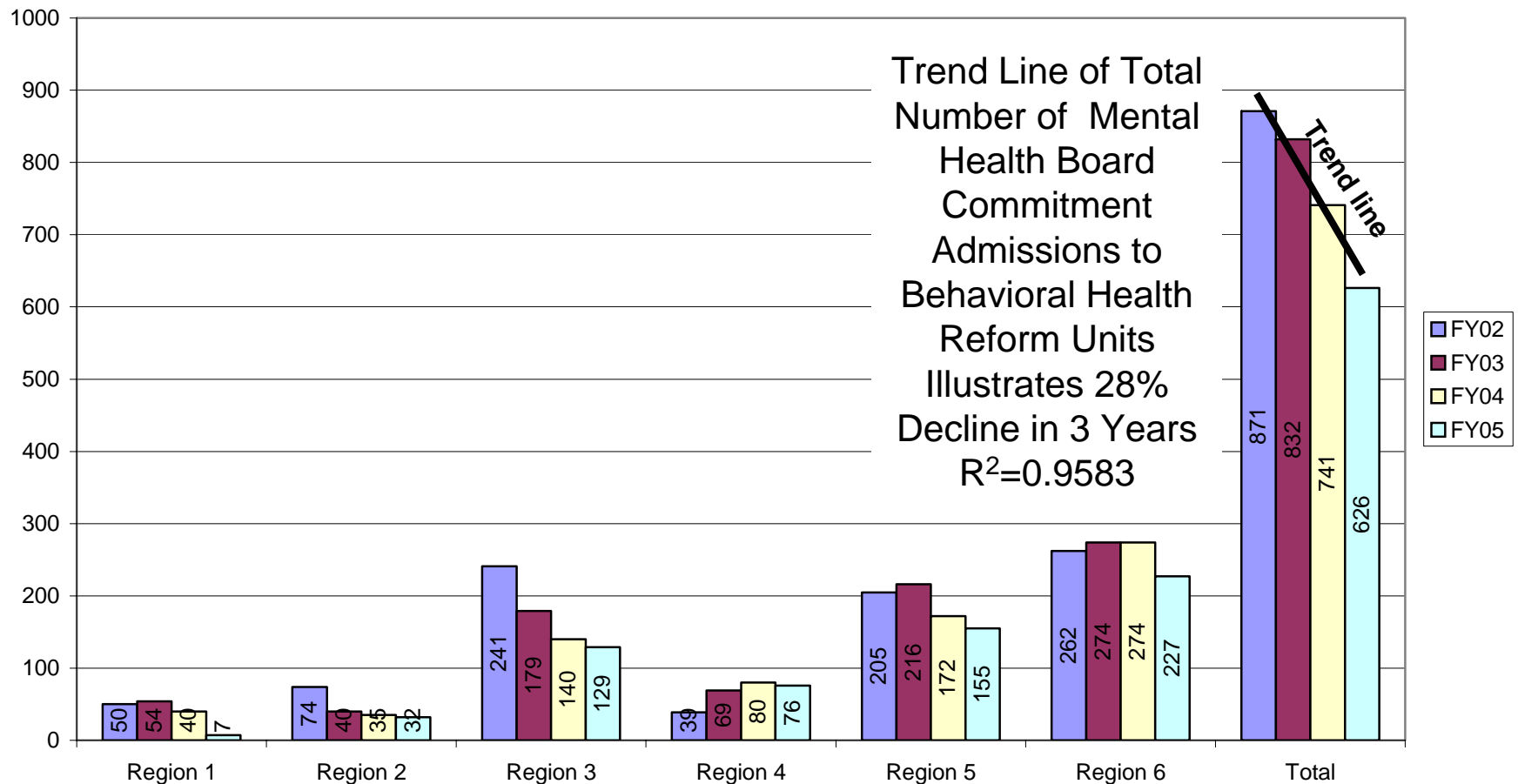
Region	FY02	FY03	FY04	FY05
Region 1	50	54	40	7
Region 2	74	40	35	32
Region 3	241	179	140	129
Region 4	39	69	80	76
Region 5	205	216	172	155
Region 6	262	274	274	227
Total	871	832	741	626

Data Source: AIMS

* Behavioral Health Reform Units includes inpatient and residential units at LRC, NRC, and HRC, but excludes Adolescent, Forensic and Sex Offender units

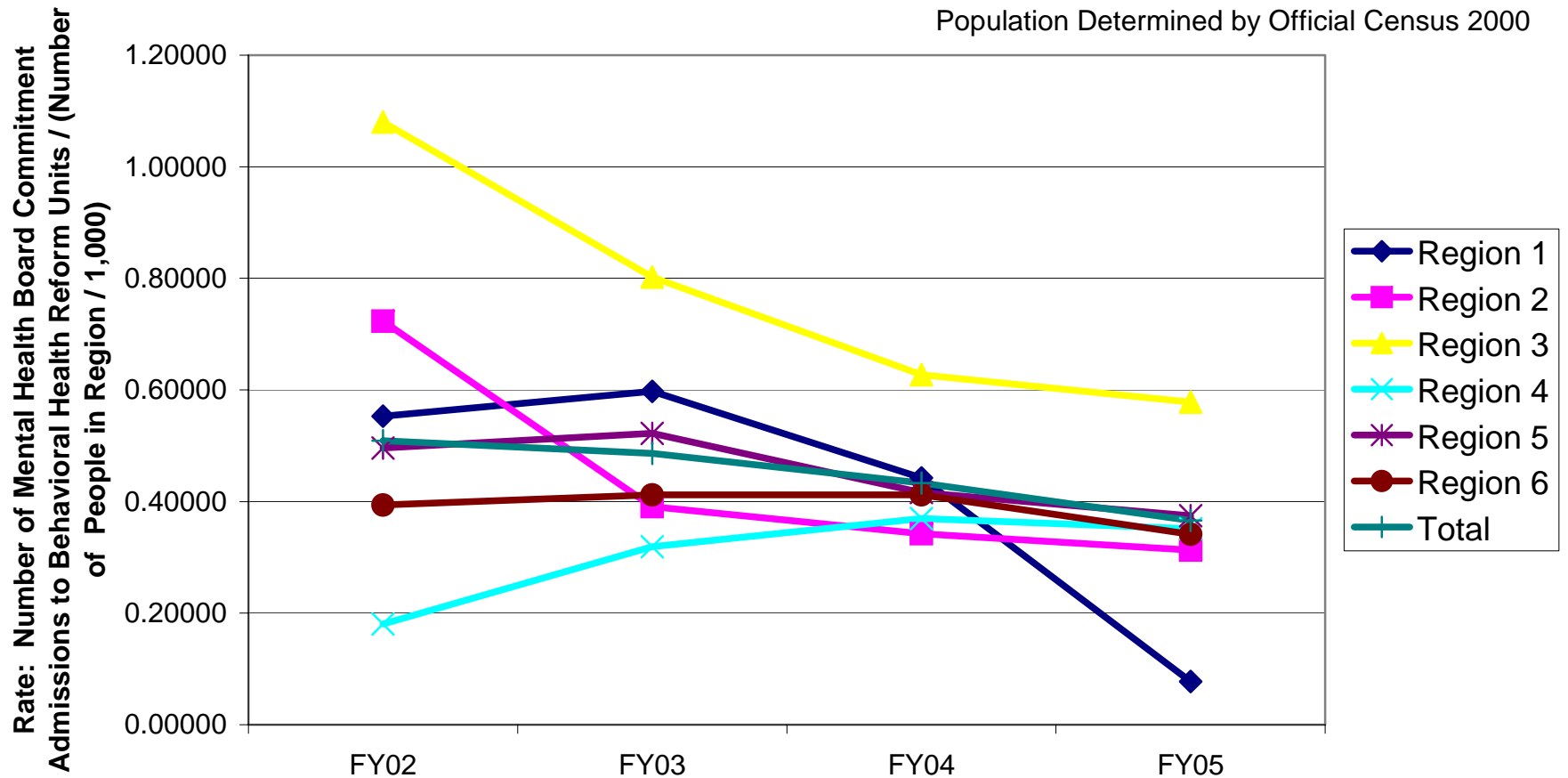
Mental Health Board Commitment Admissions to Behavioral Health Reform Units by Region

Excludes Adolescent, Forensic and Sex Offender Units



Mental Health Board Commitment Admissions to Behavioral Health Reform Units per 1,000 People in Region

Excludes Adolescent, Forensic and Sex Offender Units

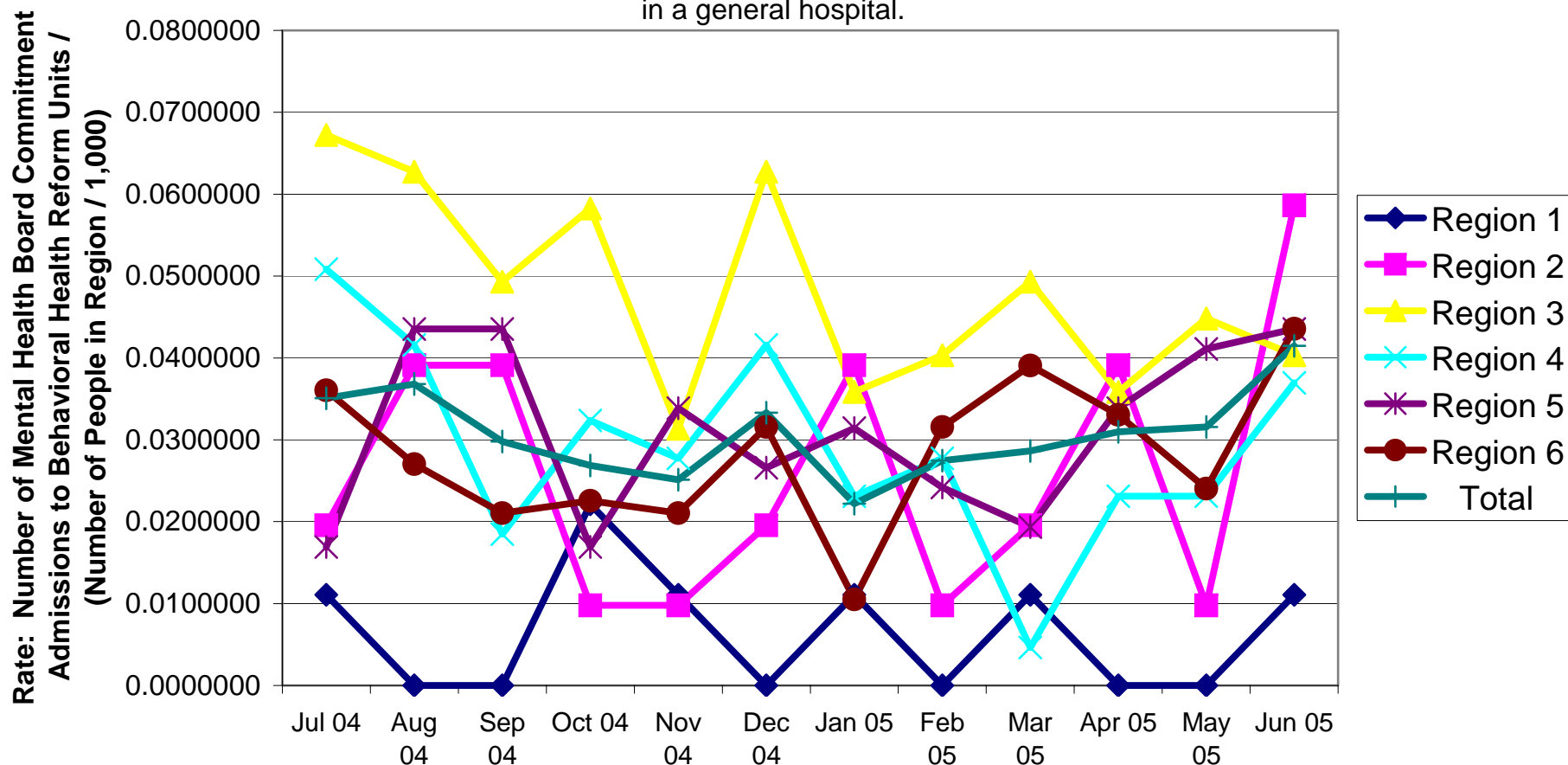


Population Determined by Official Census 2000

Monthly Mental Health Board Commitment Admissions to Behavioral Health Reform Units per 1,000 People in Region

Excludes Adolescent, Forensic and Sex Offender Units

Does not include transfers or referrals between regional centers and persons returning from treatment in a general hospital.



Regional Center Waiting List

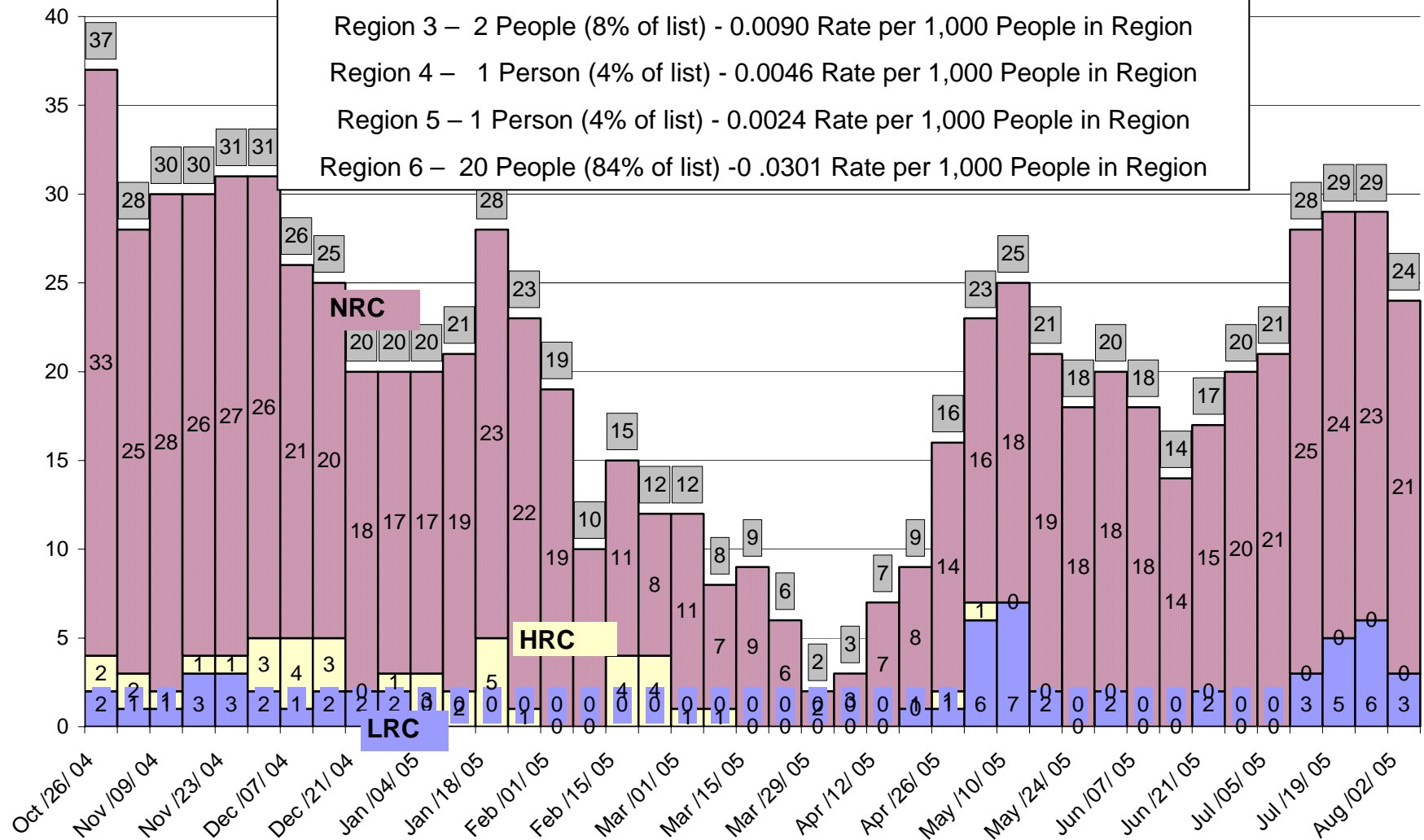
August 2, 2005

Region 3 – 2 People (8% of list) - 0.0090 Rate per 1,000 People in Region

Region 4 – 1 Person (4% of list) - 0.0046 Rate per 1,000 People in Region

Region 5 – 1 Person (4% of list) - 0.0024 Rate per 1,000 People in Region

Region 6 – 20 People (84% of list) - 0.0301 Rate per 1,000 People in Region



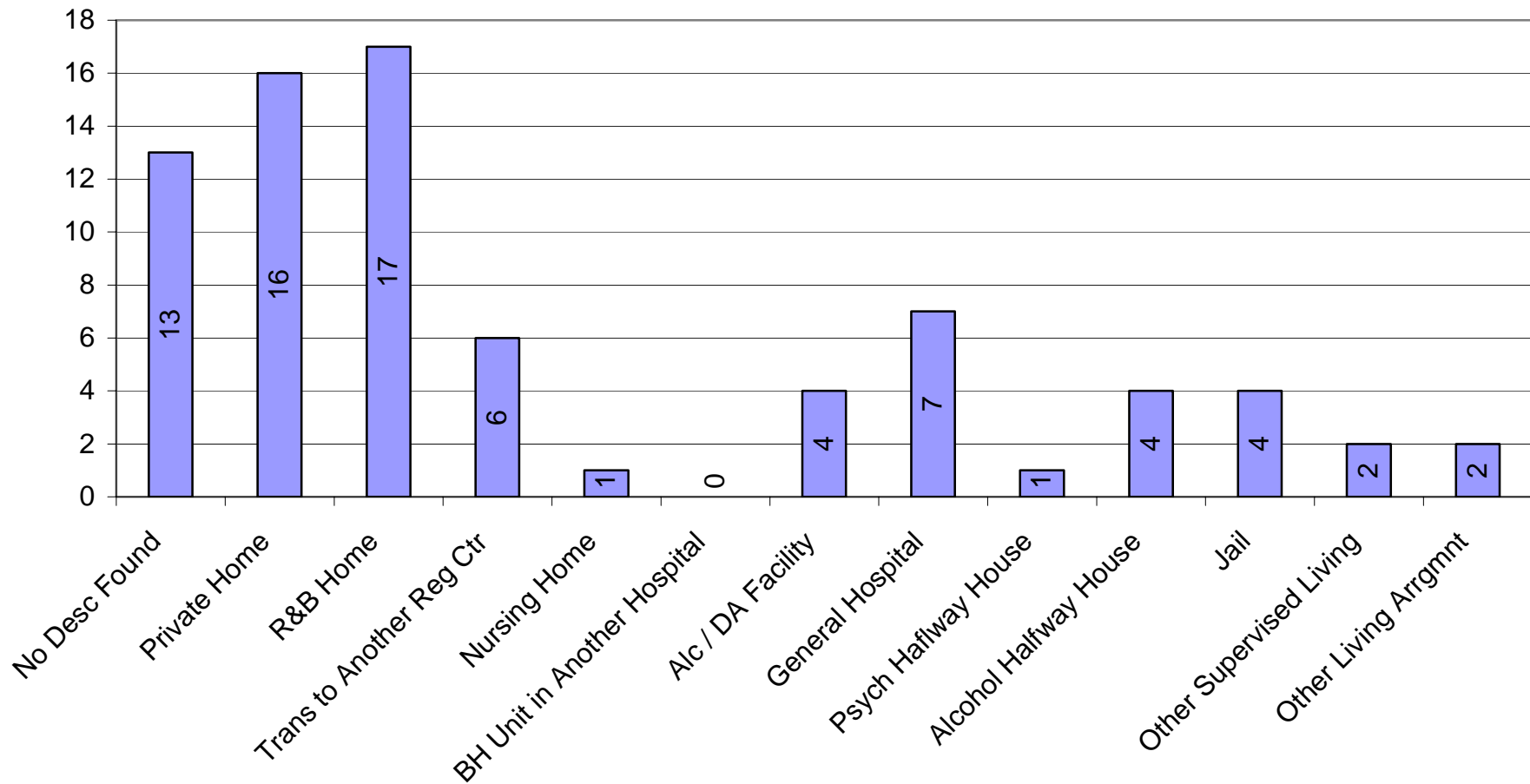
Regional Center Census –June 30, 2005

Excludes: Adolescent, Forensic and Sex Offender Units

Regional Center	Admissions	Census
Hastings Regional Center		
Residential Rehab	19	38
Lincoln Regional Center		
Short Term Care	23	40
Community Transition	0	38
Norfolk Regional Center		
Geriatric Medical – 1W	1	33
SPMI, Male – 2E	3	37
SPMI, Mixed – 3E	0	37
Transition / Rehabilitation – 2W	0	36
Admissions – 3W	31	36
TOTAL	77	295

June Discharge Living Arrangements from Behavioral Health Reform Units

Excludes: Adolescent, Forensic and Sex Offender Units



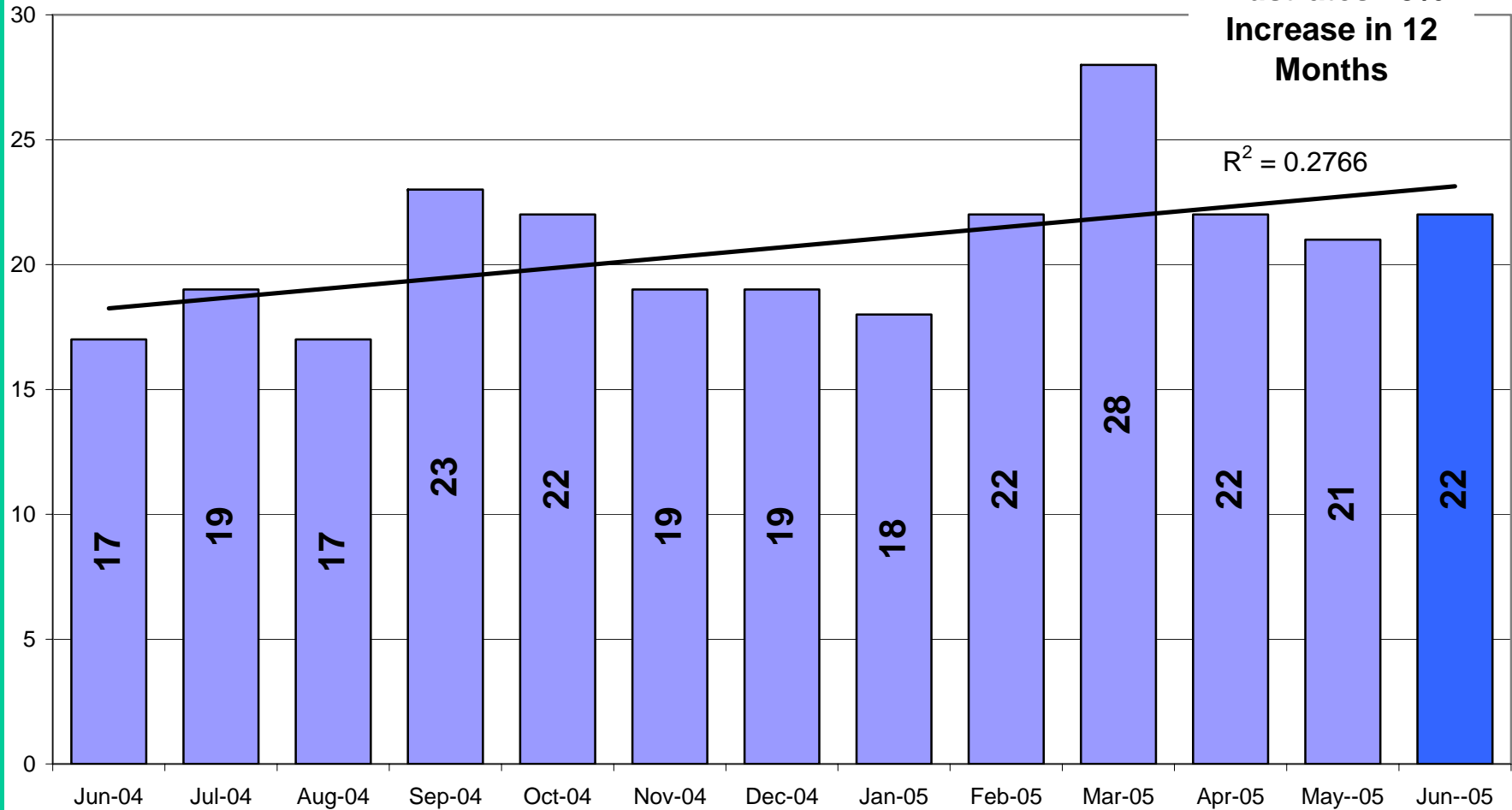
Community Services

- Development of Community-based Services
 - Progress Reports
- Number of People Served
 - Dual Residential – 28% Increase
 - Assertive Community Treatment – 20% Increase
 - Community Support - Mental Health – 11% Increase
 - Community Support - Substance Abuse – 12% Increase
 - Short Term Residential – 10% Increase
 - Day Rehabilitation – 7% Increase
 - Psychiatric Residential Rehabilitation – 8% Increase
 - Total People Served in Community Services – 10% Increase

People Served Per Month in Dual Residential Services

Trend Line
Illustrates 28%
Increase in 12
Months

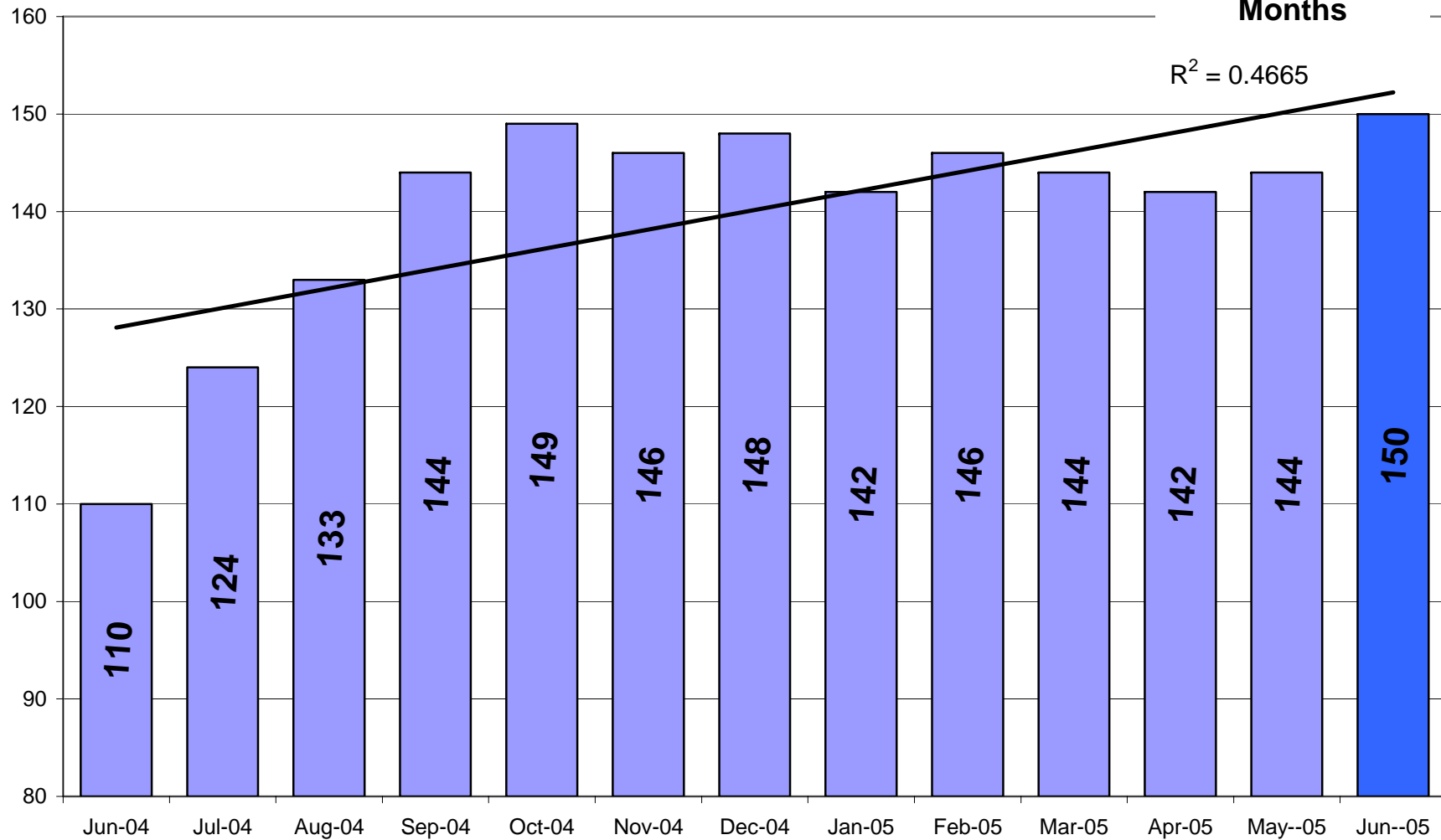
$R^2 = 0.2766$



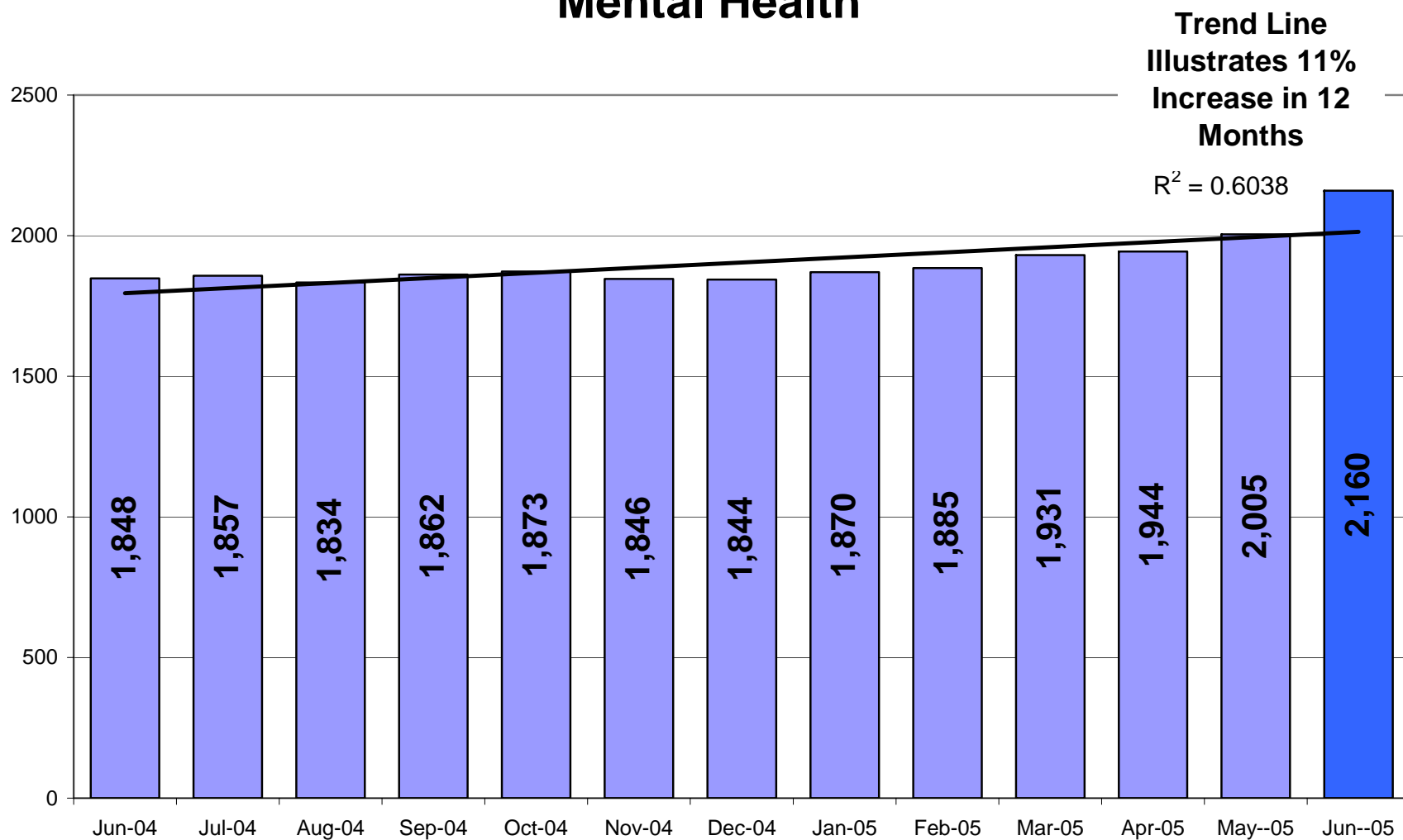
People Served Per Month in ACT

Trend Line
Illustrates 20%
Increase in 12
Months

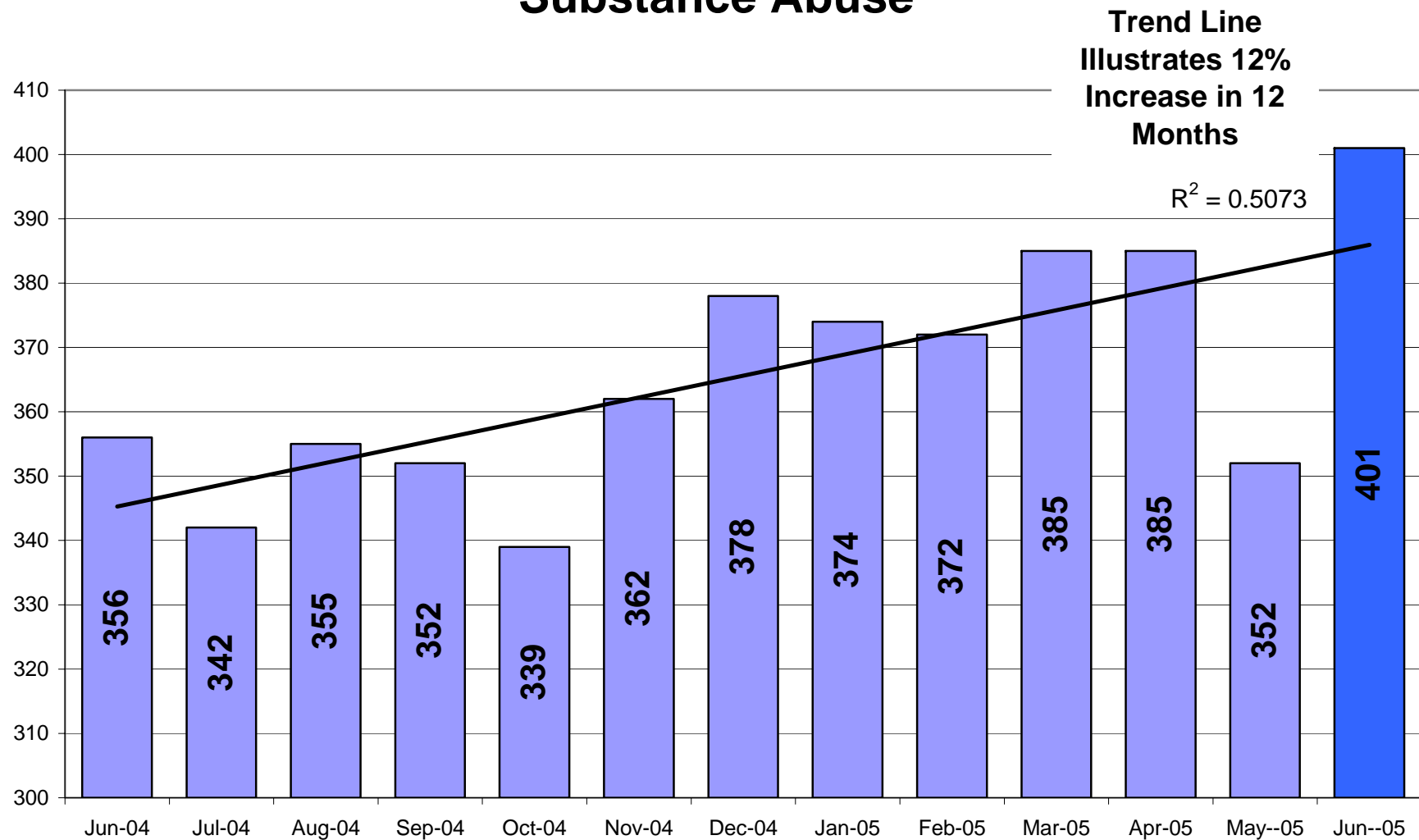
$R^2 = 0.4665$



People Served Per Month in Community Support - Mental Health

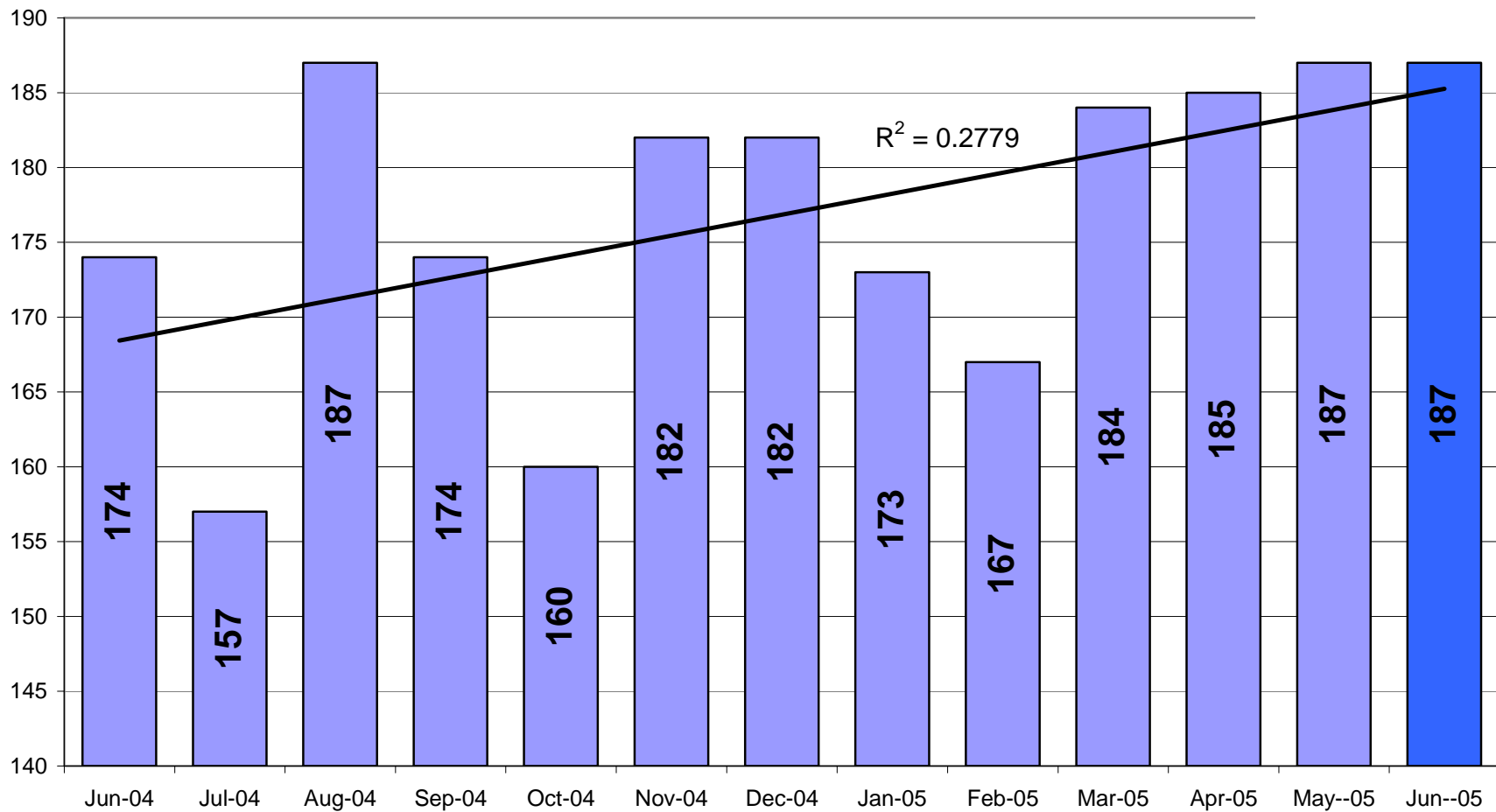


People Served Per Month in Community Support - Substance Abuse

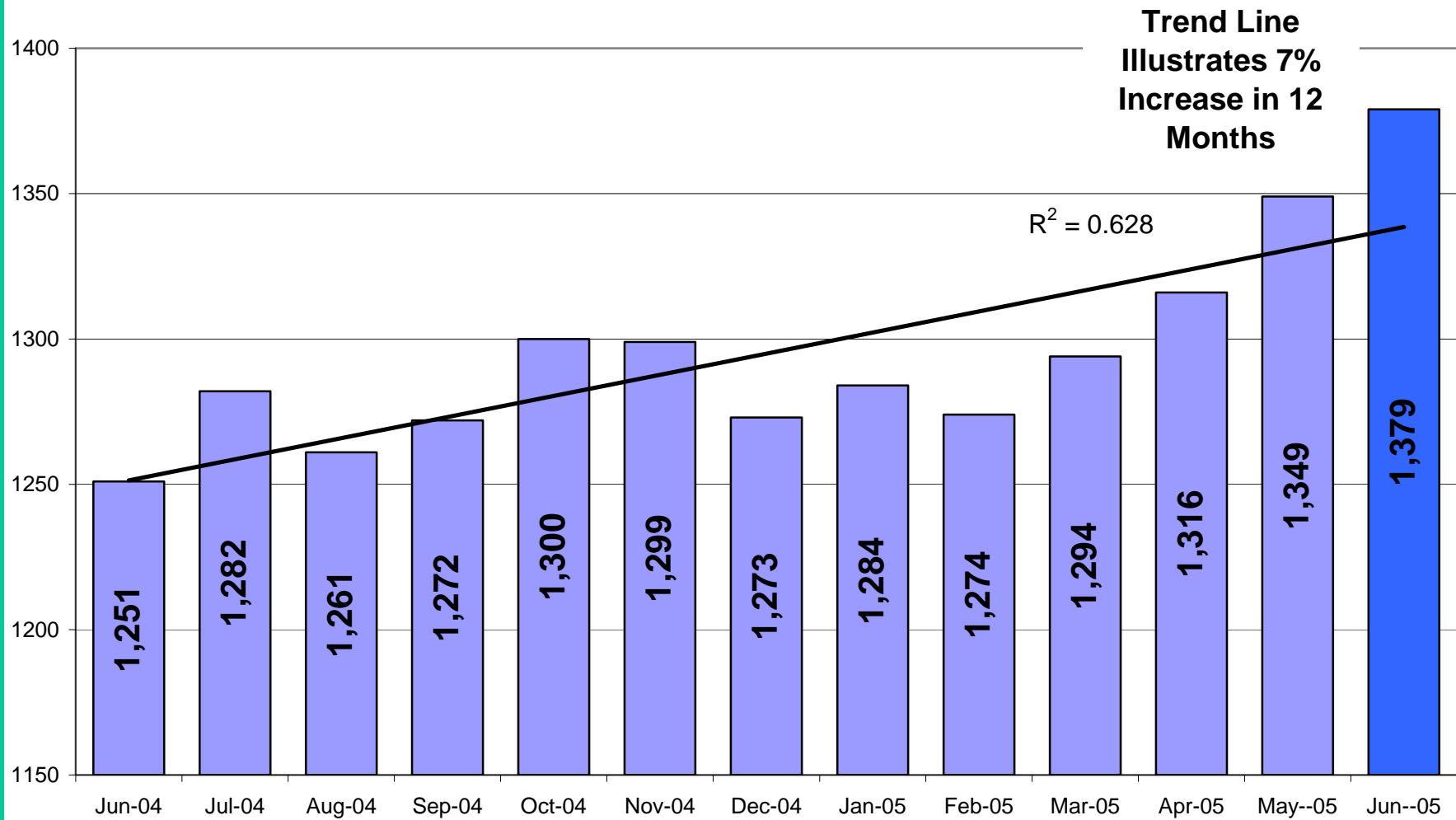


People Served Per Month in Short Term Residential

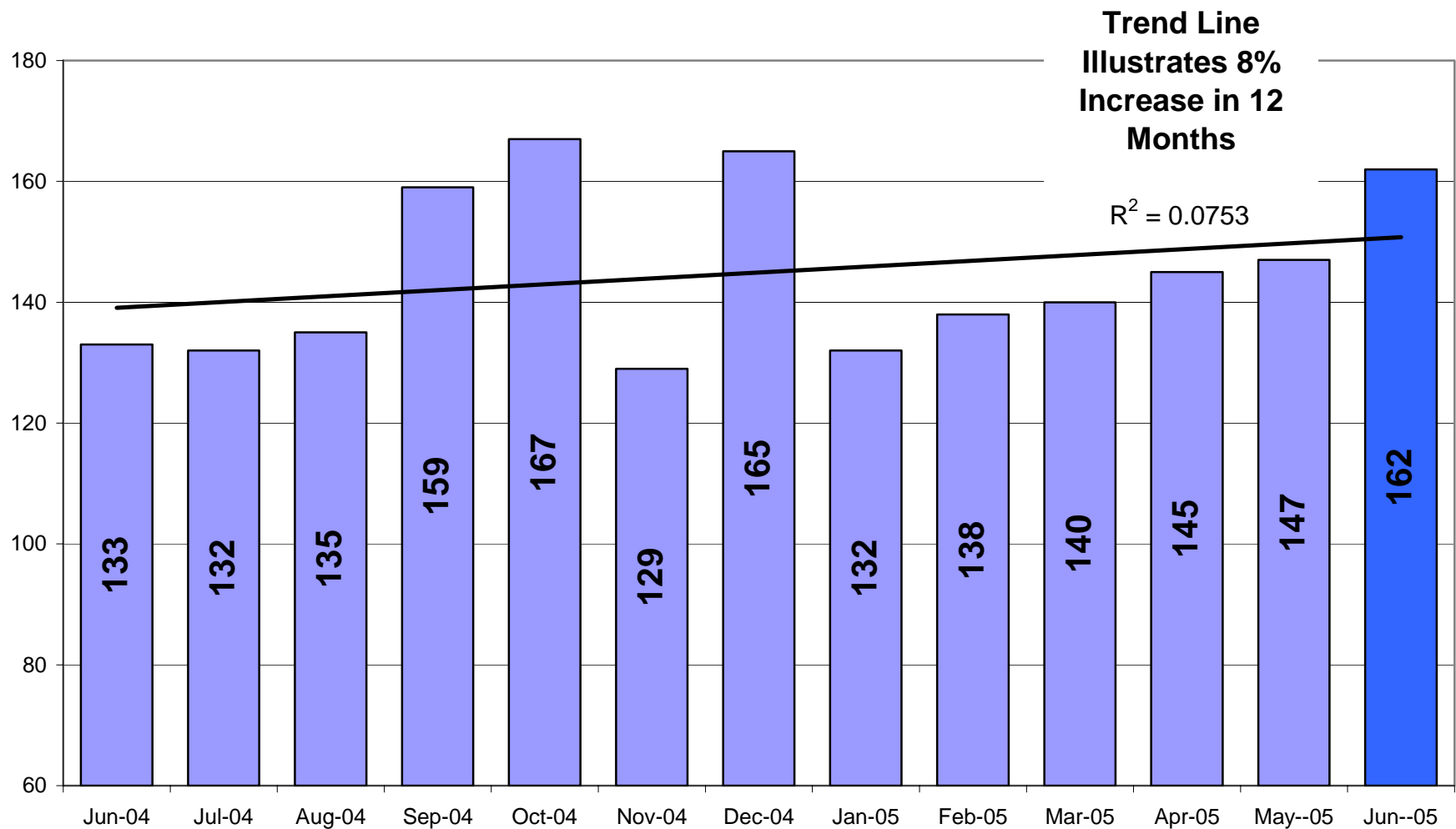
Trend Line
Illustrates 10%
Increase in 12
Months



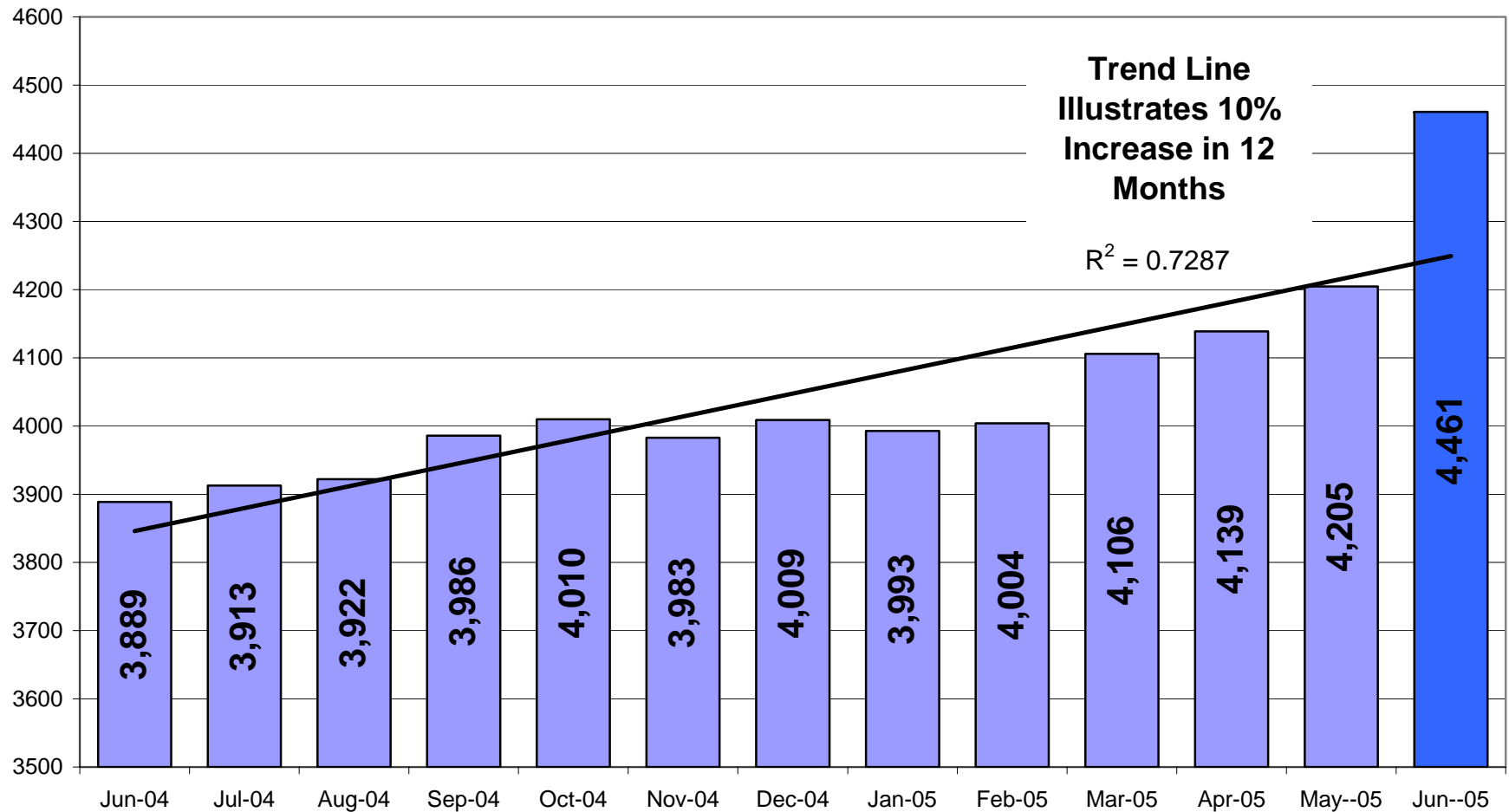
People Served Per Month in Day Rehabilitation Services



People Served Per Month in Psychiatric Residential Rehabilitation



Total People Served Per Month in Community Services



Transition Contracts

- **Assessments and Discharges**
- **Recommended Services**
- **Recommended Living Situation**

Transition Contract Requirements

1. The Region convenes and coordinates a Transition Team

- a. Includes representatives from hospital or Regional Center, providers, consumers, Regional Behavioral Health Authority, Division of Behavioral Health Services and other community representatives

2. The Region facilitates and coordinates a strength-based assessment for Mental Health Board committed consumers

- a) The strength-based assessment includes the identification of the person's strengths, interests, abilities, knowledge and capabilities that support and enhance the successful transition to community services
- b) The assessment process includes the involvement of the consumer, appropriate family members or a consumer advocate
- c) The assessment process includes the preparation of a Transition Plan (i.e. necessary community services, living arrangements, support systems, etc.)

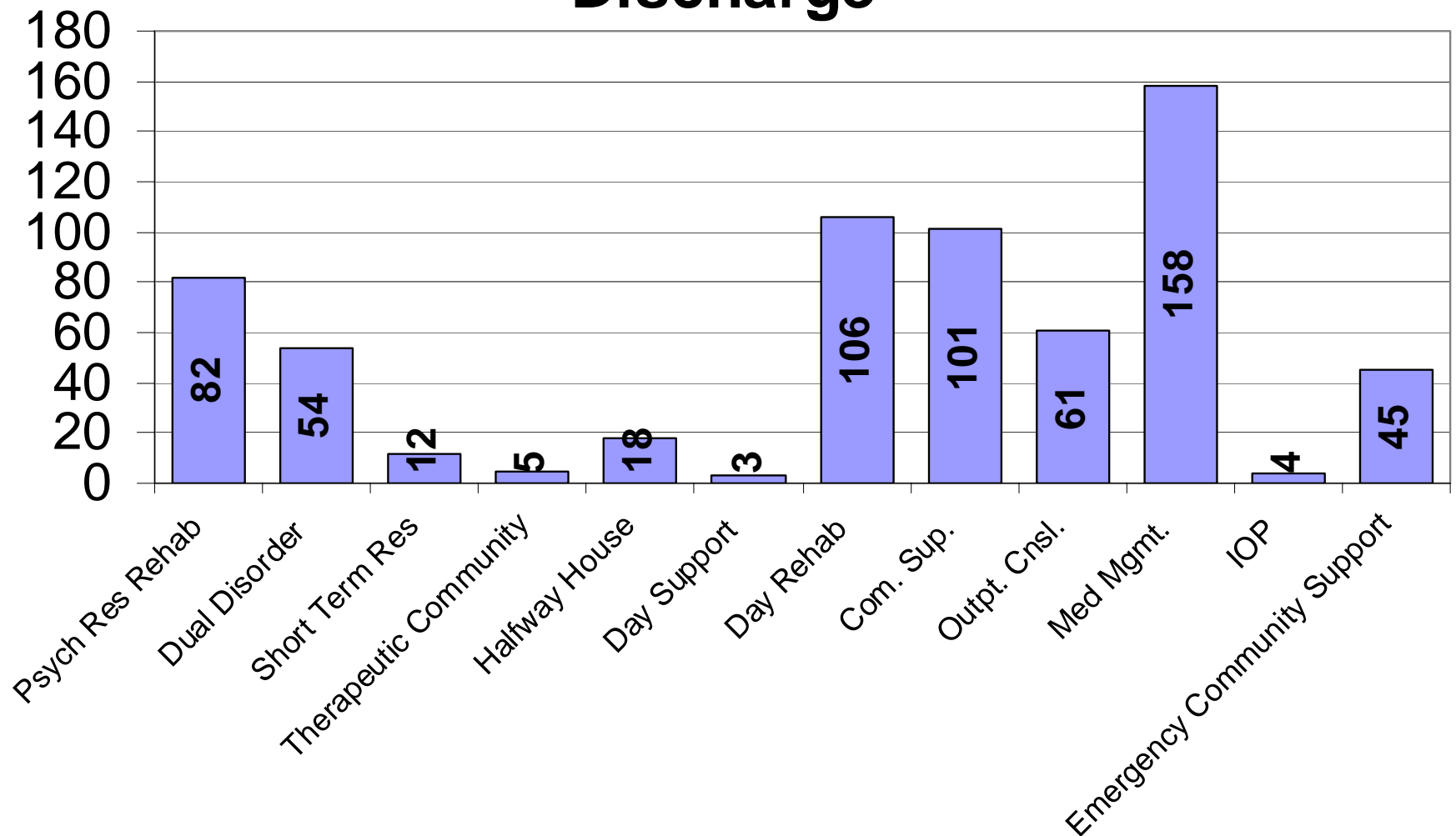
Transition Contract Requirements

3. **The Region appoints a Lead Provider for each of the consumers**
 - a. The Lead agency ensures that the consumer is following the Transition Plan
 - a. The lead agency follows the consumer up to 60 days following discharge or until the completion of the contract on July 1, 2005
4. **The Region facilitates and coordinates a strength-based assessment for Mental Health Board committed consumers**
 - a) Completion of an assessment
 - a) Supporting the consumer in the community for 60 days following discharge

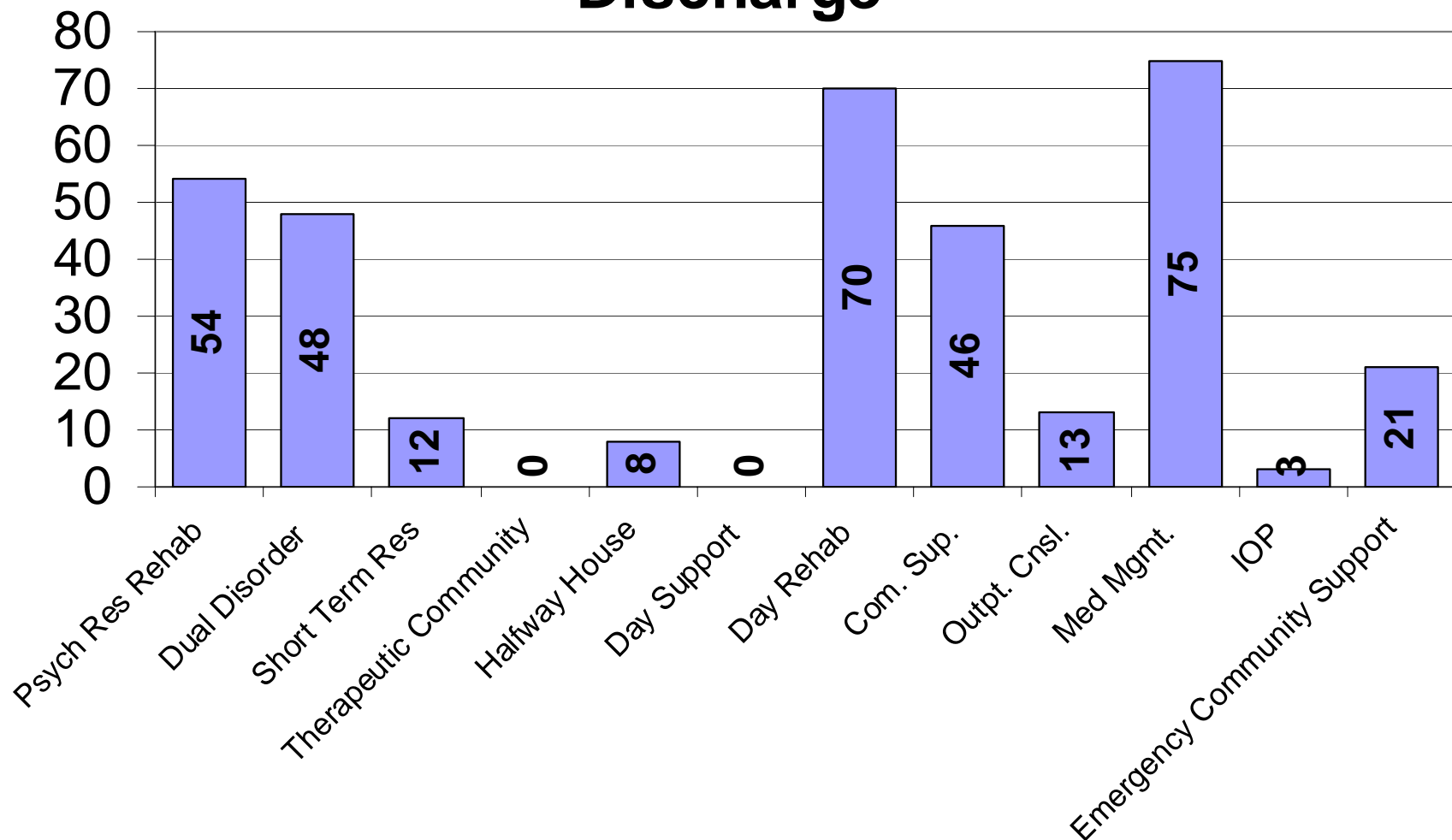
Cumulative Assessments and Discharges Completed & Reimbursements as Submitted prior to July 30







	ASSESS- MENTS	DISCHARGES	REIMBURSE- MENTS
REGION 1	5	3	\$ 15,000
REGION 2	12	6	\$ 27,000
REGION 3	49	20	\$ 80,000
REGION 4	49	3	\$ 72,000
REGION 5	24	13	\$ 89,000
REGION 6	230	77	\$ 266,000
TOTAL	369	122	\$ 510,000

Recommended Services Upon Discharge

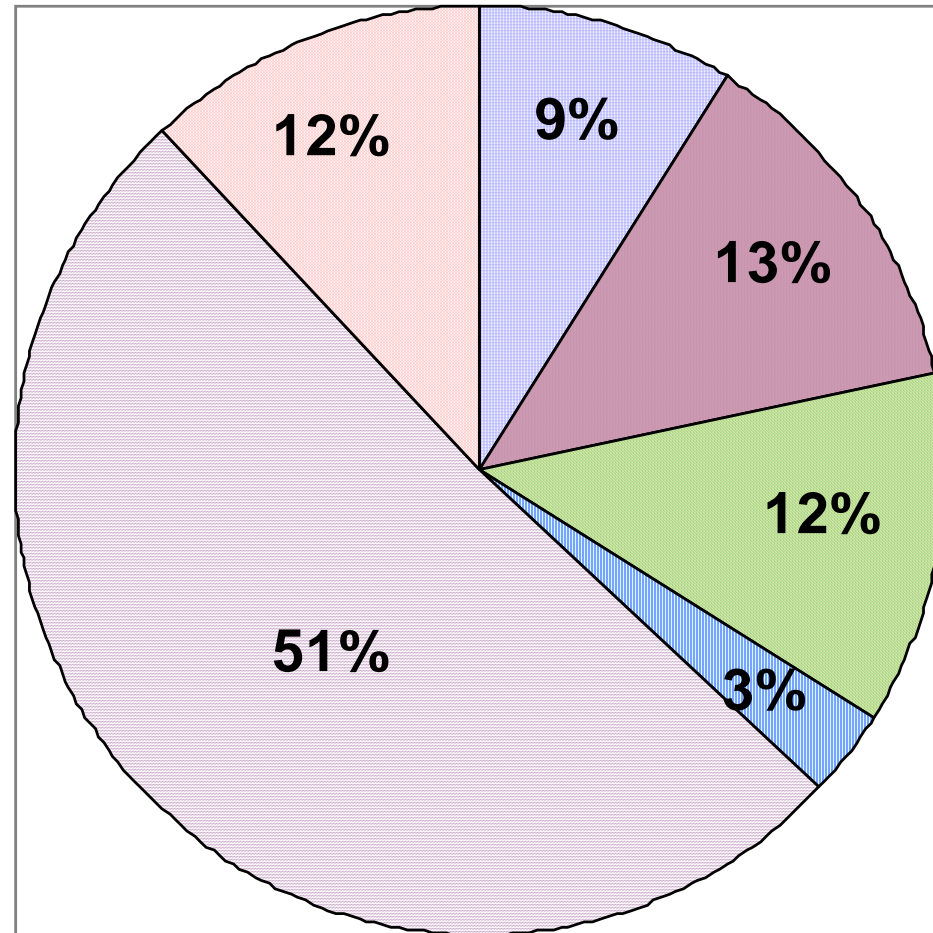








Region 6 Recommended Services Upon Discharge



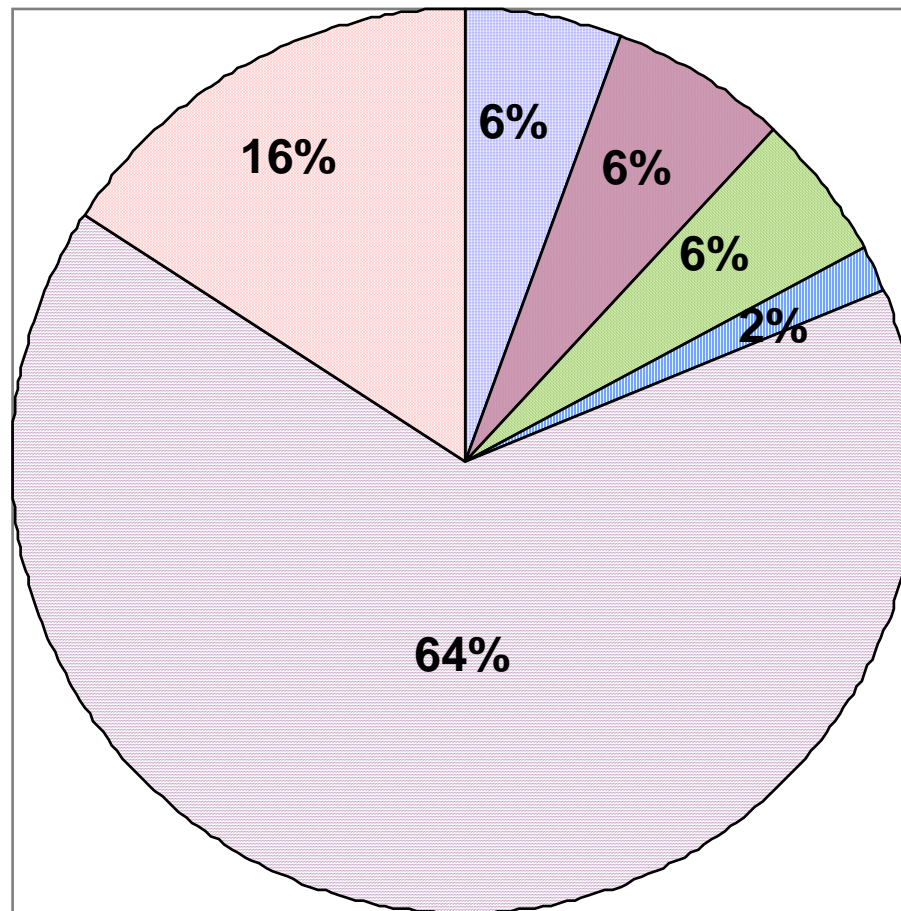
-  Live with Family
-  Independent
-  Assisted Living
-  Skilled Nursing
-  Treatment Facility
-  Other

Recommended Living Situation Upon Discharge



-  Live with Family
-  Independent
-  Assisted Living
-  Skilled Nursing
-  Treatment Facility
-  Other

Region 6 Recommended Living Situation Upon Discharge



Interim Plan for Region 6

- 1. Agreed-upon Interim Services:** State sent contracts to Region 6 on 8/8/05.
Region 6 will sign and return by 8/15/05.

<u>22 New Bed Capacity</u>		<u>253 More People Served</u>		<u>28 More Beds in August</u>		<u>Plus 2nd 16-bed Sub-Acute (two vendors)</u>
Short-Term Res	8	Inten Case Mgmt	28	Dual Diagnosis	8	Sub-Acute 16**
Enh. Short-Term Res	8*	Emer Comm Supt	15	Psych Res	20	
Crisis Respite	6	Day Rehab	100			
		Med Mgmt	110			
						Decreases need for acute

*Current Short-Term Residential beds expanded to handle consumers with dual disorder

** These Sub-Acute beds are in addition to the Telecare beds that will be operational August 30, 2005

- 2. Negotiating – 8-20 crisis beds**



- 3. Utilization Management Process created**

EPC MHCB Placement
(CRT/Magellan)

- 4. Housing – 9/1/05**

August 12, 2005

HHSS Division of Behavioral Health Services

32

Region 6 Additional Capacity FY 06

Service	Annual Capacity	Estimated Start Date*	Provider(s)	Average Length of Stay
Inpatient Subacute (in addition to Telecare)	16 beds	December 2005	TBD	21 Days
Dual Disorder	8 beds	August 2005	Catholic Charities	6 Months
Short-Term Residential	8 beds	September 2005	NOVA TC	14 to 45 days
Enhanced Short- Term Residential	8 beds	August 2005	Catholic Charities	14 to 45 days
Crisis Respite Residential	6 beds	September 2005	Salvation Army	30 Days
Intensive Case Management	28 persons	September 2005	Community Alliance	Varies
Psychiatric Residential Rehabilitation	20 beds	September 2005	Community Alliance	6 to 18 Months
Emergency Community Support	15 persons	September 2005	Salvation Army	90 days
Day Rehabilitation	100 persons	October 2005	Community Alliance	6 to 12 Months
Outpatient and Medication Management	110 persons	October 2005	Catholic Charities	Varies
Intensive Outpatient	10 slots	October 2005	TBD	6 to 8 Weeks

Region 6 Additional Capacity FY 06

Service	Annual Capacity	Costs		
		Operational	Start Up	Total
Inpatient Subacute (in addition to Telecare)	16 beds	\$ 1,510,425	\$ 515,000	\$ 2,025,425
Dual Disorder	8 beds	\$ -	\$ -	\$ -
Short-Term Residential	8 beds	\$ 392,500	\$ 28,000	\$ 420,500
Enhanced Short- Term Residential	8 beds	\$ 53,534	\$ -	\$ 53,534
Crisis Respite Residential	6 beds	\$ 249,550	\$ 56,000	\$ 305,550
Intensive Case Management	28 persons	\$ 259,000	\$ 29,500	\$ 288,500
Psychiatric Residential Rehabilitation	20 beds	\$ -	\$ -	\$ -
Emergency Community Support	15 persons	\$ 50,000	\$ 5,000	\$ 55,000
Day Rehabilitation	100 persons	\$ 553,425	\$ 200,000	\$ 753,425
Outpatient and Medication Management	110 persons	\$ 120,000	\$ -	\$ 120,000
Intensive Outpatient	10 slots	\$ 111,000	\$ -	\$ 111,000
TOTAL*		\$ 3,299,434	\$ 833,500	\$ 4,132,934

Rental Assistance Program

- **Housing Related Assistance**
- **One-time Funding**



Rental Assistance Program

- All six Regional Behavioral Health Authorities:
 - Received a contract for Regional Rental Assistance Services in July 2005
 - Have signed the contracts with HHSS as of August 2005
 - Are working on organizing the operations needed to manage the Housing-Related Assistance in their area and should be operational by September 2005



Rental Assistance Program

- One-time funding (\$1,845,000)
 - For new construction, acquisition, or rehabilitation of housing to assist very low-income adults with serious mental illness
 - Funds were distributed on per capita basis in the Regional contracts
 - Regions are billing the Division for full payment in August
 - The six Regional Behavioral Health Authorities have been invited to a meeting on September 13, 2005 on ways to leverage these funds

Contracts for Housing Related Assistance with the six Regional Behavioral Health Authorities for FY2006 (July 1, 2005 to June 30, 2006)

Region	Housing Related Assistance	Estimated Minimum # of Vouchers	LB40A One Time Funding	Total FY2006 Allocations	Percentage
1	\$88,100	14	\$97,785	\$185,885	5.0%
2	\$88,100	14	\$110,700	\$198,800	5.4%
3	\$268,600	46	\$239,850	\$508,450	13.7%
4	\$268,600	46	\$232,470	\$501,070	13.5%
5	\$444,800	75	\$446,490	\$891,290	24.1%
6	\$696,800	123	\$717,705	\$1,414,505	38.2%
Rg Total	\$1,855,000	318	\$1,845,000	\$3,700,000	100%
Reserve	\$145,000	28			
Total Funds	\$2,000,000	346			



Regional Center Discharge Follow-Up Services Project

- Goal to monitor patient status & services utilization after individuals leave regional centers
- Principal Investigator Shinobu Watanabe-Galloway, PhD, Department of Preventive & Societal Medicine at the University of Nebraska Medical Center
- Contract signed April 22, 2005 for the period March 1, 2005 to May 31, 2006
- Data Transfers from HHSS to UNMC successful
- First reports available to the Oversight Commission in September 2005

Intermediate Specialized Services Nebraska Medicaid Program

- CMS approved the State Plan Amendment in July
- A team of geriatric psychiatrists will report by September 1 on a recommended screening process to identify eligible individuals
- Service definitions will be put in final form
- Medicaid will solicit interested providers

Medicaid Psychiatric Rehabilitation Option Services

- Medicaid/Medicare dual eligibles and Subsidized Adoption youth added to Medicaid Behavioral Health Managed Care Waiver (allows this population to have their substance abuse services funded by Medicaid)
- Medicaid Rehabilitation Option (MRO) added to Behavioral Health Managed Care Waiver
- Medicaid to process and pay MRO claims for Medicaid recipients through MMIS
- Beginning August 1, 2005 claims submitted to MMIS for dates of service July 1, 2005 and after
- Contact Medicaid if any issues arise with claims processing.
Contact: Cec Brady 402-471-9506